0112014 01120	<b>M</b>	FORM STATEMENT
CHECK ONE:	(D)	DR-1 STATEMENT
☐ This is an <b>initial*</b> Statement of Organization	IN ETHICS AND	(Rev. 02/96) ORGANIZATION
This is an <b>amended*</b> Statement of Organization	IA ETHICS AND CAMPAIGN FIGURE BO	For Office Use O
* An initial Statement of Organization should be filed within 10 days	of the committee's secretical at	For Office Use Only
* An initial Statement of Organization should be filed within 10 days contributions, making expenditures or incurring indebtedness exceed within 30 days of a change. Penalties may be imposed for late file.	eding 13500 Amendments should be filed	Comm. # 9059
within 30 days of a change. Penalties may be imposed for late-filed	d Statements of Organization.	Indexed
		Computer
COMMITTEE NAME (Required by law)		
DES MOINES County REPUBL	in Product Program	11
DES MOINES COUNTY HE PUBL	TICAN CENTRAL COMM	ППЕЕ
IMPORTANT: Indicate type of committee you are reporting for:		
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State	Party (4)County/Local Candidate (5)Co	numbs BAC / 6 \Bellet leave /F
Committee (7) County/City Central Committee (8) Support slate	of candidates (list candidates under purp	pose of committee)
COMMITTEE TREASURER (This address used for all reminde	CO-Chaire Constant (List ac	4.00
(Required by law) and correspondence)	TS COMMITTEE CHAIR (LIST ac	dditional officers on separate page)
Name	Name	
Kendra Jahn	HAROID MASSNE	
Mailing Address	Mailing Address	
19600 115th Ave.	2226 Voat	
City State Zin Code	2226 Vogt City, State Zip Code	
Sperny, 1A 52650	BURLINGTON I	4 52/21
		7 3260
Home Phone (319) 985-2289	Home Phone ( )	
Day Phone ( )	Day Phone (3/9) 752-	-5488
PACs: INDICATE PURPOSE OF COMMITTEE		
All Candidates Enter: Office Sought:	District:	
Office Sought:	DISTRICL.	
Political Party (if applicable)		
Political Party (if applicable) County/Local Candidates and Local Ballot/Franchise Committee	Year Standing for Election	
County/Local Candidates and Local Ballot/Franchise Committee County:	Year Standing for Election	
County/Local Candidates and Local Ballot/Franchise Committee	Year Standing for Election  ees Enter:  Date of Election:  Candidate Name & Address or Pare	ent Entity (PACs, if applicable),
County/Local Candidates and Local Ballot/Franchise Committee County:  Bank Account Name	Year Standing for Election  Date of Election:  Candidate Name & Address or Pare  Affili	1:
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County/Local Candidates and Local Ballot/Franchise Committee County:  Bank Account Name  DES MOINES County REpublican Central Com Name of Financial Institution/Type of Account	Year Standing for Election  Date of Election:  Candidate Name & Address or Pare  Affili	ent Entity (PACs, if applicable),
County/Local Candidates and Local Ballot/Franchise Committee County:  Bank Account Name  DES MOINES County REpublican Central Com Name of Financial Institution/Type of Account  FARMER & MERCHANTS BANK & Trust	Year Standing for Election  Date of Election:  Candidate Name & Address or Pare  Affil  Mailing Address	ent Entity (PACs, if applicable),
County/Local Candidates and Local Ballot/Franchise Committee County:  Bank Account Name  DES MOINES County REpublican Central Committee Name of Financial Institution/Type of Account  FARMER'S MERCHANTS BANK'S Trust  Mailing Address	Year Standing for Election  Pees Enter:  Date of Election:  Candidate Name & Address or Pare  Affile  OHEE	ent Entity (PACs, if applicable),
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County/Local Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  DES MOINES County Republican Central Com  Name of Financial Institution/Type of Account  FARMER MERCHANTS BANK + Trust  Mailing Address  P. O. BOX 928  City State Zip  BURINGTON I A 52601  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUT  Indicate disposition of funds by marking appropriate number in box:	Year Standing for Election  Pees Enter:  Date of Election:  Candidate Name & Address or Pare  Affil  OHEE  Mailing Address  City State  Home Phone ( )  Day Phone ( )  Conducted Name & Address or Pare  Affil  OHEE  Mailing Address	ent Entity (PACs, if applicable), iate, or Sponsor  Zip
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County/Local Candidates and Local Ballot/Franchise Committee  County:  Bank Account Name  DES MOINES County Republican Central Committee  Name of Financial Institution/Type of Account  FARMERE MERCHANTS BANK & Trust  Mailing Address  P. O. BOX 928  City State Zip  BURINGTON I A 5260 /  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUT  Indicate disposition of funds by marking appropriate number in box:  [1] ODNATED TO	Year Standing for Election  Pees Enter:  Date of Election:  Candidate Name & Address or Pare Affil  PHEE  Mailing Address  City State  Home Phone ( )  Day Phone ( )  TON (Statement of intent required by law and central committees.)  TIEE (6) PRORATED REFUND TO COMMITTEE (7) TRANSFER TO ANOTHER	ent Entity (PACs, if applicable), iate, or Sponsor  Zip  v for all committees, except state parties
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